

<b>Case Number:</b>	CM15-0146868		
<b>Date Assigned:</b>	08/07/2015	<b>Date of Injury:</b>	12/17/1996
<b>Decision Date:</b>	09/04/2015	<b>UR Denial Date:</b>	07/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: North Carolina

Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 66 year old male, who sustained an industrial injury on 12-17-1996. The mechanism of injury was not noted. The injured worker was diagnosed as having history of iliolumbar ligamentous tear, history of bilateral shoulder girdle pain, and lumbar-lumbosacral disc degeneration. Treatment to date has included diagnostics, interspinous injections (L4-5 and L5-S1) on 3-25-2015, exercise program, and medications. Currently, the injured worker complains of chronic low back pain, rated 4-6 out of 10. Medication use included Norco and Ambien. Previous intraspinal injections were documented as providing him excellent benefit and still seemed to be helping. He was doing his home exercise program and stretching. The treatment plan included L4-5 and L5-S1 intraspinal ligament injections for his next visit. His work status was not noted.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**L4-L5 intraspinal ligament injection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ligament injections.

**Decision rationale:** The ACOEM and the California MTUS do not specifically address the requested service as prescribed. The ODG states ligamentous injections are not recommended in the treatment of low back pain. The injections can actually expose the patient to serious complications. The ODG does not support the requested service and therefore is not medically necessary.

**L5-S1 intraspinous ligament injection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ligament injections.

**Decision rationale:** The ACOEM and the California MTUS do not specifically address the requested service as prescribed. The ODG states ligamentous injections are not recommended in the treatment of low back pain. The injections can actually expose the patient to serious complications. The ODG does not support the requested service and therefore is not medically necessary.